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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: 20 MAY 1991

SUBJECT: Potential Hazardous Waste Site

FROM: Charles A. Gazda, Chief *CAG*
Compliance Section (6ASASC)

TO: Bruce Elliot, Chief
General Enforcement Branch (6AEG)

Site Name

Nalco Chemical

TXD095217766

Location

China TX

Hazit No.

TX6688

TDD No.

E-6-8102-11

A. Field Report:

1. T2070-2 attached (☒) forwarded on _____
T2070-3 recon sampling attached () forwarded on _____

2. §311 potential yes () no (☒)

Priority _____

analytical results attached yes () no ()

Proposed §311 action (Emergency Response Branch) _____

3. ISS inspection conducted yes () no (☒)

ISS Compliance Report attached yes () no (☒)

ISS Non-notifier Report attached yes () no (☒)

4. Suggested further action none

B. Analytical Results:

1. Contract lab results attached () est. completion date _____
Houston Lab results attached () est. completion date _____

2. Drinking water wells samples yes () no ()

3. Suggested further action _____

SUPERFUND FILE

cc: Adele Mitchell (6AWS)

90068693

JAN 05 1993

REORGANIZED



8102-11



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6
SITE NUMBER (to be assigned by HQ) TX6688

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

TXD095217766

A. SITE NAME NALCO CHEMICAL CO.		B. STREET (or other identifier) Texas Highway 80	
C. CITY Odessa	D. STATE TX	E. ZIP CODE 79760	F. COUNTY NAME Ector
G. OWNER/OPERATOR (if known) 1. NAME Ron Howard, Mgr.		2. TELEPHONE NUMBER (915)563-2125	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION The facility is a distribution center for oil well production treatment chemicals, including corrosion and scale inhibitors and oil dehydrators.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Anonymous Call	K. DATE IDENTIFIED (mo., day, & yr.) 2/4/80
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L. PRINCIPAL STATE CONTACT 1. NAME Robert Bradshaw, Region X TDWR Pecos, TX	2. TELEPHONE NUMBER (915)445-3615
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME David Anderson - FIT <i>David Anderson</i>	2. TELEPHONE NUMBER (214)742-4521	3. DATE (mo., day, & yr.) 5/1/81
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): None	
C. AREA OF SITE (in acres) 8.2	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 31°54'19"N 2. LONGITUDE (deg.-min.-sec.) 102°14'50"W SUPERFUND FILE
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Warehouse and office building.	

JAN 05 1993

REVIEWED BY (GAEH)
Larry Wright DATE 6-25-81

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
			28,000 gallon concrete pit		7. WASTE OIL REPROCESSING	X	7. UNDERGROUND INJECTION
			(80' X 80' X 5')		8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		Used as flush water in oil fields

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED.

Waste consists of chemicals spilled when the treatment trucks are being loaded. The chemicals are dissolved in heavy aromatic solvents. Truck loading area is contained and sloped so that any liquid spilled is collected in the pit. Any rainfall from the area is also collected in the pit. The waste (mainly water) is loaded onto the treatment trucks for use as flush water during well treatment.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
None		10,000	Gallons	None		None		None		None	
X (1) PAINT, PIGMENTS		X (1) OILY WASTES		X (1) HALOGENATED SOLVENTS		X (1) ACIDS		X (1) FLYASH		X (1) LABORATORY PHARMACEUT.	
(2) METALS SLUDGES		X (2) OTHER(specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW		Oil well production chemicals in water; less than 1% chemical content		(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER(specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):	
						(6) CYANIDE		(6) OTHER(specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify):					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Wastes listed with the solid waste registry (TX).

Class I wastes:

1. Waste water - contains organics
2. API waste skimmings

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

The facility is located 3 1/2 miles Northeast of the cemetery mentioned in the complaint. There were no activities noted at this site which could affect the cemetery. Trees are dying in the area but is most likely due to the extended drought and high temperatures of the past summer.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPOES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): Texas Solid Waste Registration #31479
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): RCRA #TXD95217766

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

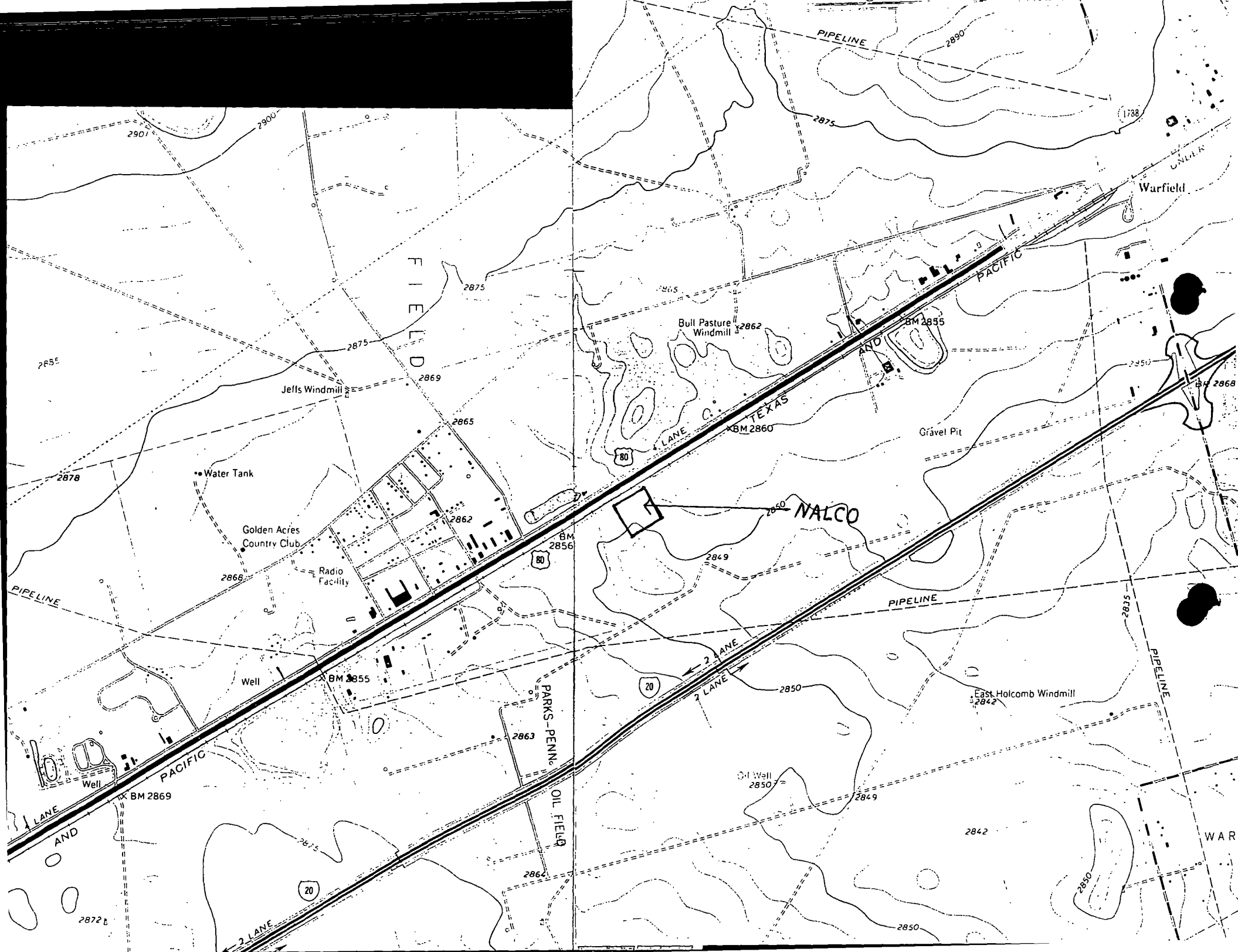
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Texas Air Quality Board		State	Yearly Inspection
Texas Dept. of Water Resources		State	Yearly Inspection

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



Nalco Chemical Co.
Odessa, Tx TX 06688

